



## STATE OF WISCONSIN

Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

Division of Industry Services  
P.O. Box 7302  
Madison WI 53707-7302

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Web: <http://dsps.wi.gov>

This packet provides public employers with information on the requirements for Injury and Illness reporting for the State of Wisconsin. This packet includes answers to frequently asked questions, a copy of SBD10710A, SBD10710, and a worksheet to aid in properly filling out the required SBD10710 form.

The State of Wisconsin requires that by March 1<sup>st</sup> of every year all public employers report Injuries and Illnesses utilizing the SBD10710 form. When returning this form, please send it to: [DspsSbHealthandSafetyTech@wi.gov](mailto:DspsSbHealthandSafetyTech@wi.gov) or fax to 608-283-7419, this information is also located on the bottom of the form.. This form is also available on our website at: <http://dsps.wi.gov/Documents/Industry%20Services/Maps/Public%20Sector%20Map.pdf>

It is important to be familiar with Safety and Professional Services (SPS) Chapter 332-Public Employee Safety and Health. This chapter outlines the occupational safety and health standards that Wisconsin public employers must follow. SPS 332 also provides for compliance with the federal OSHA standards as well as additional SPS codes. SPS 332 is available using the following link:  
[http://docs.legis.wisconsin.gov/code/admin\\_code/sps/safety\\_and\\_buildings\\_and\\_environment/326\\_360/332.pdf](http://docs.legis.wisconsin.gov/code/admin_code/sps/safety_and_buildings_and_environment/326_360/332.pdf)

Here are some important definitions and excerpts from Wis. Statute Chapter 101 Department of Safety and Professional Services-Regulation of Industry, Buildings, and Safety and SPS 332-Public Employee Safety and Health:

- [101.01\(3\)](#) "Employee" means any person who may be required or directed by any employer, in consideration of direct or indirect gain or profit, to engage in any employment, or to go or work or be at any time in any place of employment.
- [101.055\(2\)\(b\)](#) "Public employee" or "employee" means any employee of the state, of any agency or of any political subdivision of the state.
- [101.055\(2\)\(d\)](#) "Public employer" or "employer" means the state, any agency or any political subdivision of the state.
- [101.055\(7\)\(a\)](#) A public employer shall maintain records of work-related injuries and illnesses and shall make reports of these injuries and illnesses to the department at time intervals specified by rule of the department. These records shall be available to the department, the employer's employees and the employees' representatives. This paragraph does not authorize disclosure of patient health care records except as provided in ss. [146.82](#) and [146.83](#).
- [SPS 332.205](#) Injury and illness report. Pursuant to s. 101.055 (7) (a), Stats., and beginning January 1, 2004, each employer shall report work-related injuries and illnesses to the department for the previous year by March 1 of each year. The report shall be made on form SBD-10710 or equivalent.

If we do not receive your SBD10710 form by the March 1st deadline, orders may be issued. In addition to orders, we may conduct a SPS 332 safety inspection.

Feel free to visit our new website for more information!

<http://dsps.wi.gov/Default.aspx?Page=82cb4513-32c1-482f-8fcf-08178a4cbc17>

## **Injury and Illness Reporting Information**

### **When is an injury or illness considered work-related?**

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

### **Which work-related injuries and illnesses should you record?**

Record those work-related injuries and illnesses that result in:

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity or job transfer
- Medical treatment beyond first aid

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

### **What are the additional criteria?**

You must record the following conditions when they are work-related

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material
- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- An employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

### **What is medical treatment?**

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- Visits to a doctor or health care professional solely for observation or counseling
- Diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes
- Any procedure that can be labeled first aid

### **What is first aid?**

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- Using non-prescription medications at nonprescription strength
- Administering tetanus immunizations
- Cleaning, flushing, or soaking wounds on the skin surface
- Using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages
- Using hot or cold therapy
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards)
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters
- Using eye patches
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye
- Using finger guards
- Using massages
- Drinking fluids to relieve heat stress

### **How do you decide if the case involved restricted work?**

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

### **How do you count the number of days of restricted work activity or the number of days away from work?**

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

### **What if the outcome changes after you record the case?**

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

### **Classifying injuries-**

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples:

- Cut, puncture, laceration, or abrasion
- Fracture
- Bruise or contusion
- Chipped tooth
- Amputation
- Insect bite
- Electrocution, or a thermal, chemical, electrical, or radiation burn
- Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

### **Classifying illnesses-**

#### **Skin diseases or disorders-**

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples:

- Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants
- Oil acne
- Friction blisters
- Chrome ulcers
- Inflammation of the skin.

### **Respiratory conditions-**

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples:

- Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion
- Farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis.

### **Poisoning-**

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples:

- Poisoning by lead, mercury, cadmium, arsenic, or other metals
- Poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzoyl, carbon tetrachloride, or other organic solvents
- Poisoning by insecticide sprays, such as parathion or lead arsenate
- Poisoning by other chemicals, such as formaldehyde.

### **Hearing Loss-**

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

### **All other illnesses-** All other occupational illnesses.

Examples:

- Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat
- Freezing, frostbite, and other effects of exposure to low temperatures
- Decompression sickness
- Effects of ionizing radiation (isotopes, x-rays, radium)
- Effects of nonionizing radiation (welding flash, ultra-violet rays, lasers)
- Anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C
- Brucellosis
- Malignant or benign tumors
- Histoplasmosis
- Coccidioidomycosis.





## Summary of Work-Related Injuries and Illnesses

Per SPS 332.205, all Wisconsin public employers must complete and submit this summary form, or the equivalent OSHA 300A form, by March 1 of each year even if no work-related injuries or illnesses occurred during the year. Review your "Log of Work-Related Injuries and Illnesses" to verify that the information you provide is complete and accurate. Using the log, count the individual entries you made in each category. Then, write the totals below, making sure you've added the entries from each page of the log. If you had no cases, write "0". Please Print all answers.

### Number of Cases

Total number of deaths:	Total number of cases with days away from work:	Total number of cases with job transfer or restriction:	Total number of other recordable cases:
_____	_____	_____	_____

### Number of Days

Total number of days away from work:	Total number of days of job transfer or restrictions:
_____	_____

### Injury and Illness Types

Total number of:	(1) Injuries _____	(4) Poisonings _____
	(2) Skin disorders _____	(5) Hearing losses _____
	(3) Respiratory conditions _____	(6) All other illnesses _____

Year \_\_\_\_\_

### Establishment Information

Establishment name: \_\_\_\_\_

FEIN number: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address (if different than street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Employment Information

Annual average number of employees: \_\_\_\_\_

Total hours worked by employees last year: \_\_\_\_\_

### Contact Information

Employer contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Work e-mail address: \_\_\_\_\_

Return this summary by March 1 of each calendar year to: Industry Services Division at the address above  
or email [DspsSbHealthandSafetyTech@wi.gov](mailto:DspsSbHealthandSafetyTech@wi.gov) or fax to 608-283-7419

## Worksheet to Help You Fill Out the Summary

### How to figure the average number of employees who worked for your establishment during the year:

**Note:** Elected and Appointed Officials are considered employees.

- 1. Add** the total number of employees your establishment paid in all pay periods during the year.  
Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.
- 2. Count** the number of pay periods your establishment had during the year.  
Be sure to include any pay periods when you had no employees.
- 3. Divide** the number of employees by the number of pay periods.
- 4. Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number of employees paid in all pay periods= **1** \_\_\_\_\_

The number of pay periods during the year = **2** \_\_\_\_\_

$\frac{1}{2}$  **3** \_\_\_\_\_

The number rounded= **4** \_\_\_\_\_

### How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers). Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked. If this number isn't available, you can use this optional worksheet to estimate it.

#### Optional Worksheet

**Find** the number of full-time employees in your establishment for the year. \_\_\_\_\_

**Multiply** by the number of work hours for a full-time employee in a year. X \_\_\_\_\_

This is the number of full-time hours worked. \_\_\_\_\_

**Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal) + \_\_\_\_\_

**Round** the answer to the next highest whole number. \_\_\_\_\_

Write the rounded number in the blank marked *Total hours worked by all employees last year*.

**If you have questions, please contact your DSPS Occupational Safety Inspector for your area. Please see the DSPS Inspector map.**

<http://dsps.wi.gov/Documents/Industry%20Services/Maps/Public%20Sector%20Map.pdf>